

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide **Application for** Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Name of Institution: <u>Golden Living Center-Redfield</u> Address: 1015 E. 3rd Street Redfield, SD 57	, Chotors & provide
Phone Number: 605-472-2288 Fax Number: 605-472-2289 E-mail Address of Faculty: Kea, Wager a golden living. com	110058 em212
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum	personnel or

- ☐ Request re-approval with faculty changes and/or curriculum changes
 - 1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
 - 2. Complete evaluation of the curriculum
 - 3. Submit documentation to support requested curriculum changes

1. <u>List Personnel and Licensure Information:</u>

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

	Partie Table 1983	HEATHER WEST TRANSPORT	
Name of Program Coordinator		Explaien	Verife from Fall Park
V 21 1 200 0 5			(Completed by SOBON)
Kea Wager	SD R025709	10/26/2017	
☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history			

<u>Primary Instructor</u> must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

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Name of Primary Instructor	Spite	Vümber		Verification
Jackie Ragatz	5 D	P010461	4/13/2017	VAD III

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.

5/11/10



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		Saledia	Number of the	Vehileren
Supplemental Personnel & C				สุ(ธิภาพิธ)ใสเลยสิตาร สุดิเ
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2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

S	tandard	Yes/	No
	Program was no less than 75 hours.		
•	Provided minimum 16 hours of instruction prior to students having direct patient contact.	V	
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	V	
•	Provided instruction on each content area (see ARSD 44:04:18:15):	V	
	Basic nursing skills	V	
	Personal care skills	V	No. of Concession, Name of
	Mental health and social services	1	
	Care of cognitively impaired clients	1/	
	Basic restorative nursing services	VI	
	Residents' rights	V	
•	Students did not perform any patient services until after the primary instructor found the student to be competent		
0	Students only provided patient services under the supervision of a licensed nurse	V	
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).	V	

3.	Submit Documentation to Support Requested Curriculum Changes:
Name	of Course (if applicable): American Health care Association Loth Althon
instrue	ety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video tion, and online instruction. ubmit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
Be □ Ca	documentation that supports requirements listed in ARSD 44:04:18:15, including: ehaviorally stated objectives with measurable performance criteria for each unit of curriculum urriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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Date Notice Sent to Institution: 9 210/110					
Board Representative:					
Expiration Date of Approval: May 2018					
Date Approved: 5 26 16	Reason for Denial:				
Date Application Received:	Date Application Denied:				
5/1 + 5/25/110					
This section to be completed by the South Dakota Board of Nursing					
- 0 /	/				
Program Coordinator Signature:	WULWU MDate: 0/11/16				
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environment free from abuse, mistreatment,	, and neglect and requirement to report; avoiding restraints.				
disputes; participating in groups and activitie	es; security of personal possessions; promoting an				
Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and					
and training; and care and use of prosthetic					
Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care					
needs and behaviors;					
Care of cognitively impaired clients, including	g: communication and techniques for addressing unique				
dignity, and recognizing sources of emotional	process; respecting personal choices and preserving client				
Mental health and social services, including:	responding appropriately to behaviors; awareness of				
GREAT FACES GREAT PLACES. (605) 642-1388; Fax	k: (605)642-1389; www.state.sd.us/doh/nursing				
	Street, Suite 3; Spearfish, SD 57783				
	in Dakota Department of Health				

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Reference List

How To Be A Nurse Assistant 6th Edition. American Health Care Association. Jeanne A. Boscert, RN. Copy Right 2014

C.N.A Skills Video 6th Edition How To Be A Nurse Assistant. American Health Care Association. Copy Right. 2014

Accepting The Challenge DVD. Copy Right 2003, 2010 Alzheimer's North Carolina Inc.